Robert Lionel Sanford
PLAINTIFF/PETITIONER/MOVANT'S NAME
V-25176
PRISON NUMBER

Ironwood State Prison
PLACE OF CONFINEMENT

PO Box 2199 Blythe, CA 92226
ADDRESS

2254 ___ 1983 ✓
FILING FEE PAID
Yes ___ No ✓
IFP MOTION FILED
Yes ✓ No ___
COPIES SENT TO
Court ✓ ProSe ___

FILED
JUN 11 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY ___ DEPUTY

United States District Court
Southern District Of California

Robert Lionel Sanford,
Plaintiff/Petitioner/Movant

Doe Director of Corrections
L.E Scribner, Warden
DR Levin CMO
S.Thomas Nurse Practioner,
Defendant/Respondent
R.Sowtell LVN
L. Bonnett Appeal Coordinator
D. Holbrook Appeal Coordinator.

Civil No. '08 CV 1049 H PCL
(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

I, R.
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)
   If "Yes," state the place of your incarceration Ironwood Stat Prison. California.
   Are you employed at the institution? ☒ Yes ☐ No
   Do you receive any payment from the institution? ☒ Yes ☐ No
   [Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

(Defendant/Respondent
Debra Dexter warden)

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. .8¢ A hour

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment ☐ Yes ☒ No
b. Rent payments, royalties interest or dividends ☐ Yes ☒ No
c. Pensions, annuities or life insurance ☐ Yes ☒ No
d. Disability or workers compensation ☐ Yes ☒ No
e. Social Security, disability or other welfare ☐ Yes ☒ No
e. Gifts or inheritances ☐ Yes ☒ No
f. Spousal or child support ☐ Yes ☒ No
g. Any other sources ☐ Yes ☒ No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):
b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):
b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:
b. Is it financed? ☐ Yes ☐ No
c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
☐ Yes ☒ No
If "Yes" describe the property and state its value.______________________________

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):
Child support Iowa Case #
Restitution $5,000 In California.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.
N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 6-4-08 ______________________
SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Sanford, Robert,
(NAME OF INMATE)

V25171,
(INMATE'S CDC NUMBER)

has the sum of $ -12.22 on account to his/her credit at
Ironwood State Prison.
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities None to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's ***average monthly balance*** was $ .30, and the ***average monthly deposits*** to the applicant's account was $ 2.25.

ALL PRISONERS ***MUST*** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

6/9/08
DATE

[signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Trudy Stanley
OFFICER'S FULL NAME (PRINTED)

Acct I Supv.
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Robert Lionel Sanford., request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)

custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☒ $350 (civil complaint) or ☐ $5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 6/4/08

[signature]
SIGNATURE OF PRISONER

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy the prisoner's trust account statement showing transactions of;

SANFORD, ROBERT V25176 for the last six months at

IRONWOOD STATE PRISON where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were $ 2.25 and the average balance in the prisoner's account each for the most recent 6-month period was $ .30.

Dated 06/09/08

[signature]
Authorized Officer of the Institution

REPORT ID: TS3030 .701 REPORT DATE: 06/09/08
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
IRONWOOD STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU JUN. 09, 2008

ACCOUNT NUMBER : V25176 BED/CELL NUMBER: DFB300000000206L
ACCOUNT NAME : SANFORD, ROBERT LIONEL ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
04/07	*VD54	INMATE PAYROL	5756/MAR08		1.47		1.47
05/05	*VD54	INMATE PAYROL	6211/APR08		5.57		7.04
05/08	W512	LEGAL POSTAGE	6288/LPOST			5.70	1.34
05/13	W512	LEGAL POSTAGE	6383/LPOST			1.00	0.34
06/05	*VD54	INMATE PAYROL	6724/MAY08		6.44		6.78

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/03/2008	H110	COPIES HOLD	5694//COPY	2.80
05/13/2008	H109	LEGAL POSTAGE HOLD	6383/LPOST	4.80
05/13/2008	H109	LEGAL POSTAGE HOLD	6383/LPOST	4.80
05/13/2008	H109	LEGAL POSTAGE HOLD	6383/LPOST	1.00
05/27/2008	H107	POSTAGE HOLD	6562/POST	5.60

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/02/04 CASE NUMBER: BA248066
COUNTY CODE: LA FINE AMOUNT: $ 5,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		5,000.00
04/07/08	VR54	RESTITUTION DEDUCTION-SUPPORT	1.62-	4,998.38
05/05/08	VR54	RESTITUTION DEDUCTION-SUPPORT	6.17-	4,992.21
06/05/08	VR54	RESTITUTION DEDUCTION-SUPPORT	7.15-	4,985.06

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST: J Royer 6-9-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY ____________
TRUST OFFICE

REPORT ID: TS3030 .701 REPORT DATE: 06/09/08

PAGE NO: 2

IRONWOOD STATE PRISON

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU JUN. 09, 2008

ACCT: V25176 ACCT NAME: SANFORD, ROBERT LIONEL ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	13.48	6.70	6.78	19.00	0.00

CURRENT AVAILABLE BALANCE
12.22-

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST: J Royer 6-9-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [signature]
TRUST OFFICE

PROOF OF SERVICE

Declaration of Service by Mail

I, Robert Lionel Sanford, declare that I am over the age of eighteen (18) and that I (am/am not) a party to this action. On June 9th, 2008, I deposited a copy of the following document(s): 1 original And (2) copies to the United States District Court of Southern California. A 42 U.S.C 1983 complaint along with Declaration And Exhibits of all supporting Documents.

In a sealed envelope with the postage prepaid into the United States mail outlet via an authorized California Department of Corrections employee at Ironwood State Prison, in Riverside County, Blythe, California, and addressed as follows: United States District Court of Southern California.
Office of the Clerk.
880 Front Street Suite 4290
San Diego, California
92101 - 8900

I declare under penalty of perjury by the laws of the State of California that the foregoing is true and correct (pursuant to 28 USCA §1746(2)).

DATE June 9, 2008 SIGNATURE [signature]

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 3-95)
35 28391